

## **Working Together to Combat Tobacco Use**

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It is well-established that tobacco use is associated with a wide range of negative health consequences, and these effects occur at a higher incidence among individuals with co-occurring mental illness.

Compared to those in the general population, this vulnerable population smokes more, dies younger, and suffers disproportionately higher rates of cardiovascular disease, diabetes, stroke, and cancer (United States Department of Health and Human Services [USDHHS], 2014). The *Clinical Practice Guideline for Treating Tobacco Use and Dependence* sets forth a series of recommendations for populations of smokers, including those with co-occurring mental illness, and establishes the fact that counseling from a healthcare provider can approximately double patients' odds of quitting (Fiore et al., 2008).

Despite being at an elevated risk for relapse, convincing evidence exists to support the effectiveness of intensive treatment for individuals with co-occurring mental illness that combines cessation counseling and pharmacotherapy. In one longitudinal study, patients hospitalized on an acute psychiatric unit who received motivational cessation treatment and nicotine replacement therapy were more likely to quit successfully and less likely to be rehospitalized than were patients in the usual care group (Prochaska, Hall, Delucchi, & Hall, 2014). In a separate study, 14 (14.4%) of 137 veterans who participated in a tobacco cessation group as part of a broader substance abuse treatment program were abstinent at the 1-month follow-up (Vest et al., 2014).

Patients who receive cessation assistance from multiple types of providers are more likely to quit successfully (Fiore et al., 2008), and health care delivered by a multi-disciplinary team can enhance quality, patient outcomes, patient satisfaction, and efficiency (Interprofessional Education Collaborative Expert Panel, 2011). Interprofessional collaboration will likely yield enhanced intervention effects by maximizing the strengths that each provider brings to the clinical environment. Researchers Mitchell, Brown, & Smith (2009) found that family medical residents with access to a nurse practitioner experienced in tobacco treatment were more confident in their ability to initiate brief cessation interventions. Similarly, practitioners from diverse disciplines who completed an interprofessional

cessation training program reported significant changes in their practice behaviors (Herie, Connolly, Voci, Dragonetti, & Selby, 2012).

As the largest group of healthcare professionals globally, nurses are uniquely positioned to assume a leading role in tobacco control efforts among vulnerable populations. Given the many clinically-significant drug interactions between smoking and medications used to treat mental illness, pharmacists are also essential members of the interprofessional team. Working together has the potential to result in a real, measurable impact on the prevalence of tobacco use among individuals with co-occurring mental illness.

## References

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